

## SAFETY MEETING REPORT

**SM-1-00**

<b>DEPARTMENT:</b>	
<b>Agency:</b>	<b>Location:</b>
<b>Presenter:</b>	<b>Date of Meeting:</b> /      /

## Meeting Preparation

### Visual or Training Aid Used

<p>_____ <b>Films</b></p> <p>_____ <b>Slide</b></p> <p>_____ <b>VCR</b></p> <p>_____ <b>Chart</b></p>	<p>_____ <b>Handout</b></p> <p>_____ <b>Tools</b></p> <p>_____ <b>Equipment</b></p> <p>_____ <b>Others</b></p>
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[illegible]

<b>1. Subject of Meeting:</b>
<b>2. Important Points to Cover:</b>
<b>3. Employee suggestion/comments on subject:</b>
<b>4. Follow-up: Steps taken to correct defects detected in operation and/or procedures.</b>
<b>5. Remarks: Related/unrelated comments/observations for action/review after meeting:</b>
<b>6. Total number in attendance:</b>